



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Einar STEFANSSON

Application No.: 09/925,659

Filing Date: August 10, 2001

Title: METHOD FOR THE PREVENTION AND TREATMENT OF RETINOPATHY

MAIL STOP RCE

Group Art Unit: 1618

Examiner: ZOHREH A FAY

Confirmation No.: 4462

REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 21839

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the

☒ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified in item 2 below.

☒ B. Applicant(s) previously submitted the following documents for which continued examination is requested:

☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on May 23, 2005
and the 132 Declaration filed therewith.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other: _____

2. The following documents are enclosed with this submission: 06/22/2005 SZEMDIE1 00000084 09925659

☐ Amendment/Reply.

01 FC:2801

395.00 OP

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement (IDS).

☒ A Petition for Extension of Time.

☐ Other: _____

3. ☒ Small entity status is hereby claimed.
☐ No additional claim fee is required.
☐ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

CLAIMS					
	No. of Claims		Extra Claims	Rate	Fee
Examination Fee (1801)					\$ 790.00
Total Claims	32	MINUS 50 =	0	x \$50.00 (1202) =	\$ 0.00
Independent Claims	2	MINUS 3 =	0	x \$200.00 (1201) =	\$ 0.00
If multiple dependent claims are presented, add \$360.00 (1203)					
Total Fee					\$ 790.00
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ 395.00
TOTAL FEE DUE					\$ 395.00

4. ☒ A check in the amount of \$ 395.00 is enclosed for the fee due.
5. ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Charge _____ to credit card. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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